



INTERNAL REQUISITION

State Form 39835 (R6/ 9-99) / PROC 0009

Approved by State Board of Accounts, 1999

FAMILY AND SOCIAL SERVICES ADMINISTRATION

<input type="checkbox"/> FSSA	<input type="checkbox"/> DDARS	<input type="checkbox"/> DMH	<input type="checkbox"/> DFC	Co./Acct.name
Request number		Date requested (mo.,day,yr.)		
On confirming orders, date received (mo.,day,yr.)		Date needed (mo.,day, yr.)		

Requested by:																			
Telephone number				FAX number															

	QUANTITY	UNIT	DESCRIPTION OF MATERIALS OR SERVICES All Items Must Be From The Same Object (Minor Expenditure Point)	UNIT COST	TOTAL COST
1					
2					
3					
4					
5					
6					
7					
				GRAND TOTAL	\$

JUSTIFICATION	

SUGGESTED VENDOR / SOURCE		
Name		Telephone Number
Mailing Address		Fax Number
City	State	Zip

APPROVAL (follow signature route in the same sequence as listed)			
1. Authorized signature	Date Signed	2. Other Division	Date Signed
3. Budget approval	Date Signed		

COMMENTS / SPECIAL INSTRUCTIONS